

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6352</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>J. Allen</u> <u>Hobart</u>  P.O. Box, Bldg., Room No., if any  Street <u>553 John Street</u>  City <u>Seattle</u>  State <u>Washington</u> ZIP Code + 4 <u>98109-5089</u>	4. Name, file number, and address of labor organization. Name <u>Joint Council of Teamsters No. 28</u>  Labor Organization File Number <u>001-459</u>  P.O. Box, Building and Room Number, if any  Street <u>553 John Street</u>  City <u>Seattle</u>  State <u>Washington</u> ZIP Code + 4 <u>98109-5089</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.
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### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*J. Allen Hobart*

On

08/08/2005

Date

206/441-7470

Telephone Number

Name of Person Filing J. Allen Hobart	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Northwest Administrators, Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2323 Eastlake Avenue East</p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98102-3393</p>	<p>14.a. Nature of payment.</p> <p>04/20/2004 &amp; 09/15/2004: Estimated value of food &amp; beverages provided or made available to me by in connection with my attendance at meetings of the Board of Trustees or otherwise in connection with the performance of my duties as a Union Trustee.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>\$104</p>

Name of Person Filing J. Allen Hobart

File Number U-

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Palm Springs Riviera Hotel

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1600 N Indian Canyon Drive

City Palm Springs

State California

ZIP Code + 4 92262-4602

14.a. Nature of payment.

11/07/2004: Estimated value of amenity made available to me in connection with my attendance at meetings with the IBT Industrial Trades Conference or otherwise in connection with the performance of my duties as a Joint Council President.

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Western Conf. of Teamsters Pension Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2323 Eastlake Avenue East

City Seattle

State Washington

ZIP Code + 4 98102-3393

14.a. Nature of payment.

01/09;01/22;01/30;02/06;02/26;03/11;03/19;03/26;04/13;04/23;05/14;05/24;06/24;07/16;07/30;08/06;08/27;10/15;10/18 & 10/29/04: Est. value of food & beverages of the Board & Committies or reimburse. of trans/hotel/incid expenses incurred as a Union Trustee.

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$9,173

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Washington Teamsters Welfare Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2323 Eastlake Avenue East

City Seattle

State Washington

ZIP Code + 4 98102-3393

14.a. Nature of payment.

03/31 & 09/28/2004: Est. value of food & beverages provided or made available in connection with my attendance at meetings of the Board of Trustees or otherwise in connection with the performance of my duties as a Union Trustee.

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$82

Name of Person Filing J. Allen Hobart	File Number U-
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**Part C Continuation Page**

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Paris Hotel</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3655 Las Vegas Blvd South</p> <p>City Las Vegas</p> <p>State Nevada ZIP Code + 4 89109</p>	<p>14.a. Nature of payment.</p> <p>05/04/2004: Estimated value of amenity made available to me in connection with my attendance at meetings with the IBT Unity Conference or otherwise in connection with the performance of my duties as a Joint Council President.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p align="right">\$50</p>

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>